

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033580  
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 231 Primary Registration District No. 5809 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mineola Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Mineola Mo</b> <b>0700</b> 6
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in lb <b>Life</b>	d. STREET ADDRESS (If outside, give location) <b>None</b>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Nancy</b> Middle <b>Catherine</b> Last <b>Hall</b>			4. DATE OF DEATH Month <b>Oct</b> Day <b>1</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 17-1858</b>	9. AGE (In years last birthday) <b>99</b>	10. F UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	11. IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Near Mineola Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
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13a. FATHER'S NAME <b>Ben Dixon</b>	13b. MOTHER'S MAIDEN NAME <b>Lucinda Morrow</b>	14. NAME OF HUSBAND OR WIFE <b>Lem L. Hall "Decd"</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT <b>Dennis Hall</b>	Address <b>New Florence Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHIAL PNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>10 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CEREBRAL HAEMORRHAGE</b>		
DUE TO (c) <b>33IX</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <b>0</b> Month <b>0</b> Day <b>0</b> Year <b>0</b> a.m. <b>0</b> p.m. <b>0</b>
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>NEW FLORENCE MO</b>	COUNTY <b>MONROE</b>	STATE <b>MO</b>
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21. I attended the deceased from **Sept 22, 1958** to **Oct 1, 1958** and last saw her alive on **Sept 28, 1958**  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>James O. Helm MD</b> (Degree or title)	22b. ADDRESS <b>New Florence Mo.</b>	22c. DATE SIGNED <b>10-2-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-3-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Montgomery City Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Montgomery City Mo</b>
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24. FUNERAL DIRECTOR <b>Curphurs</b>	ADDRESS <b>Montgomery City</b>	25. DATE RECD. BY LOCAL REG. <b>10-3-1958</b>	26. REGISTRAR'S SIGNATURE <b>Laura S Ballaway</b>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ 1st day Oct 1955, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed N.B. Kelly .....

Licensed Embalmer No. 1588 .....  
P. O. Address Stellerville Mo .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.